SYMBOL	AMINO ACID
Y	L-tyrosine
G	glycine
F	L-phenylalanine
M	L-methionine
Α	L-alanine
S	L-serine
I	L-isoleucine
L	L-leucine
T	L-threonine
V	L-valine
P	L-proline
K	L-lysine
. H	L-histidine
Q	L-glutamine
E	L-glutamic acid
w	L-tryptophan
R	L-arginine
D	L-aspartic acid
N	L-asparagine
C	L-cysteine

SEQ ID. NO. 1 = N-terminal DICNTMHYTNWTHIYICEE C-terminal

SEQ ID. NO. 2 = N-terminal H K S A I V T L T Y D S E W Q R C-terminal

SEQ. ID. Nos. 1 and 2, denoted by underlining, are attributed to the E2 coding region of HPV-16 as follows:

10 15 25 20 30 1 METLCQRLNVCQDKILTHYENDSTDLRDHI 31 DYWKHMRLECAIYYKAREMGFKHINHQVVP 61 T L A V S K N K A L Q A I E L Q L T L E T I Y N S Q Y S N E 91 KWTLQDVSLEVYLTAPTGCIKKHGYTVEVQ 121 F D G D I C N T M H Y T N W T H I Y I C E E A S V T V V E G 151 Q V D Y Y G L Y Y V H E G I R T Y F V Q F K D D A E K Y S K 181 NKVWEVHAGGQVILCPTSVFSSNEVSSPEI 211 I R Q H L A N H P A A T H T K A V A L G T E E T Q T T I Q R 271 F N S S H K G R I N C N S N T T P I V H L K G D A N T L K C 301 L R Y R F K K H C T L Y T A V S S T W H W T G H N V K H K S 331 A I V T L T Y D S E W Q R D Q F L S Q V K I P K T I T V S T 361 G F M S I

SEQ ID. NO. 3 =

N-terminal PTLHEYMLDLQPETTDLYCYEQLNDSSEEE C-terminal

SEQ ID. NO.4 =

N-terminal CDSTLRLCVQSTHVDIRTLE C-terminal

Sequence ID. Nos. 3 and 5, denoted by underlining, are attributed to the E7 coding region of HPV-16 as follows:

1 M H G D T P T L H E Y M L D L Q P E T L H V D L Q P E T T D L Y D L Q D E T F C D E E T T T D L T D L T D

SEQ ID. NO. 5 =

N-terminus EKTGILTVTYHSETQRTKF C-terminus

SEQ ID. NO. 5, denoted by underlining, is attributed to the E2 coding region of HPV-18 as follows:

TABLE 1. Serum Immunoassays Employing Peptides of Invention. These assays are compared against Pap cytology and HPV DNA Hybrid Capture analyses of cervical cells from the same patients. Serum and cervical cells were taken from participants by a gynecological physician. Pap smears and the Digene HPV DNA Assays¹ were processed at a certified clinical laboratory. Prior to completion of this trial, insufficient = insufficient number of cells for analysis otherwise specified, participants were more than 35 years old. Key: pos = positive; neg = negative; n/a = not applicable or not done; persons doing the Impact Diagnostics HPV Immunoassay were not informed of the results of other assays or of participant histories. Unless

No history of abnormal Pap Smears	neg	pos	pos	pos	ASCUS ³	15
No history of abnormal Pap Smears	pos	neg	neg	neg	neg	14
No history of abnormal Pap Smears	neg	neg	neg	neg	neg	13
No history of abnormal Pap Smears	pos	pos	pos	neg	neg	12
No history of abnormal Pap Smears;	pos	pos	pos	neg	neg	11
No history of abnormal Pap Smears	neg	pos	pos	neg	neg	10
No history of abnormal Pap Smears;	pos	neg	neg	neg	neg	9
Pervious Pap Smear – CIN I-II ³	pos	neg	pos	neg	neg	∞
Pervious Pap Smear - CIN I ³	pos	pos	pos	neg	neg	7
Pervious Pap Smear – CIN I ³	pos	pos	neg	neg	neg	6
Pervious Pap Smear - CIN I ³	pos	neg	neg	Insufficient	neg	S
Pervious Pap Smear - CIN III ³	pos	neg	pos	neg	neg	4
Pervious Pap Smear – CIN III ³	pos	neg	pos	neg	neg	u
CERVICAL CANCER diagnosed in	pos	pos	pos	n/a	n/a	2
CERVICAL CANCER diagnosed in 1987;	neg	pos	pos	n/a	neg	-
Comments	HPV-18	HPV-16b	HPV-16a	DNA Assay	Pap Smear	Sampl
	noassay²	lmpact HPV Immunoassay ²	Ini	Digene HPV		

TABLE 1. Serum Immunoassays Employing Peptides of Invention. Continued

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The Digene HPV DNA Assay requires a substantial number of cells for successful detection of HPV DNA. Also, it only finds HPV DNA when the virus is abundantly proliferating (and
2

not when intections are dormant).

Phyv-16a = Epitope for the E2 Retion of HPV-16; HPV-16b = Epitope for the E7 Region of HPV-16; HPV-16 = Epitope for the E2 Region of HPV-18. For the HPV Immunoassay, a positive result is visually expressed by a prominent BLUE color and a negative one by remaining COLORLESS.

ASCUS refers to unusual or atypical cells in a Pap Smear. These are usually of undetermined significance and most often turn out to be inconsequenctial. In mild dysplasia (CIN 1), only a few cells are abnormal, whil in moderate dysplasia (CIN II) the abnormal c3ells involve about one-half of the thickness of the surface lining of the cervix. In severe dysplasia or carcinoma-in-situ (CIN III), the entire thickness of cells is disordered, but the abnormal cells have not yet spread below the surface. Carcinoma-in-situ meas "cancer in place". If this condition is not treated, it often will grow into invasive cancer. In dysplasia and carcinoma-in-situ all of the abnormalities are confined to the surface lining (or "skin") of the cervix. For invasive cancer, the cells are not only disordereed throughout the entire thickness of the lining, but they invade the tissue underlying the surface.